

CFR ATTACHMENT - INDIAN HEALTH

TOS*	Procedure Code	Long Description	Age Range	Facility (F)/Non - Facility (N)	CURRENT		PROPOSED	
					Current Medicaid Fee	Current Adjusted Fee	Proposed Medicaid Fee	Proposed Adjusted Fee
1	T1015	Clinic visit/encounter, all inclusive	0-999	F/N	\$317.00	\$317.00	\$330.00	\$330.00

*Type of Service (TOS)	
1	Medical Services